

## **TEAM REGISTRATION APPLICATION**

Please detach and forward the completed REGISTRATION FORM & FEE to your local CONSERVATION DISTRICT OFFICE by March 1st. Financial assistance may be available from your local conservation district.

## REGISTRATION FEE OF \$100 PER TEAM MUST ACCOMPANY THIS FORM.

Materials specific to the current year's competition will be sent to the coach/advisor after application and registration fee is received. Please make check payable to **Cascade Conservation District**. <u>Fee is non-refundable</u>.

NAME & ADDRESS OF HIGH SCHOOL OR ORGANIZATION:		
TEAM MEMBERS (Students must be enrolled in grade 9-12 of PLEASE PRINT	during school year p	oreceding the competition) Sizes: S/M/L/XL/XXL/XXXL
	Grade	T-shirt size
	Grade	T shirt size
	Grade	T-shirt size
	Grade	T-shirt size
	Grade	T-shirt size
Coach/Advisor		
Name:	T-shirt size_	
Phone:		
Address:		
F-mail:		

**DISTRICTS:** Please return this form and fee by **March 10** to:



600 6<sup>th</sup> Street NW STE 1 Great Falls MT 59404 Phone: 406-866-0020

E-Mail: secretary@cascadecd.com